

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Aug</i>		<i>12/13/99</i>
O.I.P.E. CLASSIFIER		<i>5-1</i>	<i>12/13/99</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>70611</i>	<i>1/12/00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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41	✓
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44	✓
45	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
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56	✓
57	✓
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91	✓
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98	✓
99	✓
100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
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139	✓
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142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions
staple additional sheet here

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